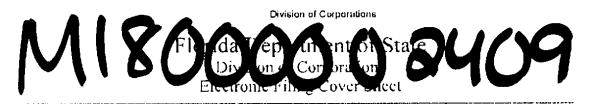
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To:



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(((H18000077726 3)))



H180000777263ABC5

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Foreign Limited Liability Company Harrison Finance LLC

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Electronic Filing Menu Corporate Filing Menu

WR IPERPRIS

1. Harrison Finance LLC_

F(,057 - 68/30/2017 Wolters Kluwer Online

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Mississippi Distriction under the law of which foreign limited lability company is organized. MA (Date first transacted business of Planck, Eprilor to registration) (See section 63) 5004 & 631,0905, E.3. to determine gentls) lability 2510 14th Street (Sinest Address of Principal Office) Gulfport, MS 39501 Name and attest address of Florida registered agent: (P.O. Hov. NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pins Island Road Plantation (City) (City) (City order) (City) (Zip code) (Zip code) (City) (Zip code) (City) (Zip code)	(1	f mans mavailable, exter alternate name ado The alternate name must include "Lim	pted for the purpose of transacting busin ited Lighility Company," "L.L.C," or "L	cas în Floriân J.C.']
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Office Address: 1200 South Pine Island Road Plantation Plantati			,	>2
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gistered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated limited liability companies the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capbells, there agree to comply with the provisions of all statutes relative to the groper and complete performance of my dualities for a provision as registered agent and agree to act in this capbells, there agree to comply with the provisions of all statutes relative to the groper and complete performance of my dualities for a provision as registered agent and agree to act in this capbells. By: (Registered agent's figurate) The name, title or capacity and address of the person(s) who has/have auti-vrity to manage is/are: Title or Capacity: Name and Address: Titl			Florida 3337d	<i>∽</i>
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The name, title or capacity and address of the person(s) who has/have autimity to manage is/are: Title or Capacity: Name and Address: Total Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Total Capacity: Name and Address: Total Capacity: Name and Address: Title or Capacity: Name and Address: Total Capacity: Name and Address: Title or Capacity: Name and Address: Total Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Total Capacity: Name and Address: Title or Capacity: Name and Address: Total Capacity: Name and Address: Total Capacity: Name and Address: Total Capacity: Name	ther agree to comply with	the provisions of all statutes related	iva to the proper and complete	performance of my dutter,
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- Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
 in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the
 certificate under onth of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an artificitized prostos
Todd Copic
Typed or printed name of signar -

(2)



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I. C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

HARRISON FINANCE LLC

Registered the 19th day of March, 1984

A Mississippi Limited Liability Company has filed-the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

645 LAKELAND DRIVE EAST DR., STE 101 FLOWOOD, MS 39232

And that the registered agent at that address is:

C. T. CORPORATION SYSTEM

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 9th day of March, 2018

C. DELBERT HOSEMANN, JR.

Secretary of State

Certificate Number: CN18049427

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx